

# ABAG PLAN CORPORATION

## LIABILITY/LOSS NOTICE FORM

*Use this form to report any incident or verified claim in which the City may be liable*

From \_\_\_\_\_ To: **abagclaims@yorkrsg.com**  
City or Town  
York Risk Services Group  
Attn: ABAG PLAN Claims  
City Claim # \_\_\_\_\_ / \_\_\_\_\_  
Fiscal Year Log Number  
1390 Willow Pass Road; Ste. 400  
Concord, CA 94520

Date & Time of Loss \_\_\_\_\_

Department Location Code \_\_\_\_\_

(If more than 1 claimant is involved, indicate names of others and use same claim #, but add letter suffix e.g., 001A)

Comments \_\_\_\_\_

\_\_\_\_\_ Input only – check if claim is being handled in-house

Claimant/Injured's Name	Address	Phone
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Claimant's Attorney	Address	Phone
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Witness Name	Address	Phone
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City Employee Involved/Contact	Department	Phone
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Location of Occurrence \_\_\_\_\_

Description of Occurrence/Damage \_\_\_\_\_

Police/CHP Report # \_\_\_\_\_ City vehicle # \_\_\_\_\_

Enclosures: \_\_\_\_\_ Verified claim \_\_\_\_\_ Police Report \_\_\_\_\_ Photos

Other: \_\_\_\_\_

Date \_\_\_\_\_ Submitted by \_\_\_\_\_ Phone \_\_\_\_\_